

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/08/2019 10:58
Date Of Accident	02/08/2019 09:30
Exact Location Of Accident	ECP TOWARDS TOWN BEFORE BEDOK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4208K
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Insured/Policyholder

Name Of Registered Owner	TAY ENG KEONG (ZHENG RONGJIANG)
NRIC No	S7129537J
Email Address	FTFXFB4@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96710194
Alternative Phone No	OTHERS-96710194

Vehicle Particulars

Manufacturer	HONDA
Model	AFS125MSF-125CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-993272-WTT
Cover Note Number	

Driver

Name of Driver	TAY ENG KEONG (ZHENG RONGJIANG)
NRIC No	S7129537J
Date Of Birth	23/08/1971
Occupation	INDOOR
Date Of Driving Pass	08/02/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96710194
Fax Number	
Contact Number	OTHERS-96710194
Email Address	FTFXFB4@GMAIL.COM

Address	BLK 107C EDGEFIELD PLAINS #14-124
Postcode	823107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190805/2030

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAY ENG KEONG (ZHENG RONGJIANG)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK4208K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

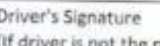
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

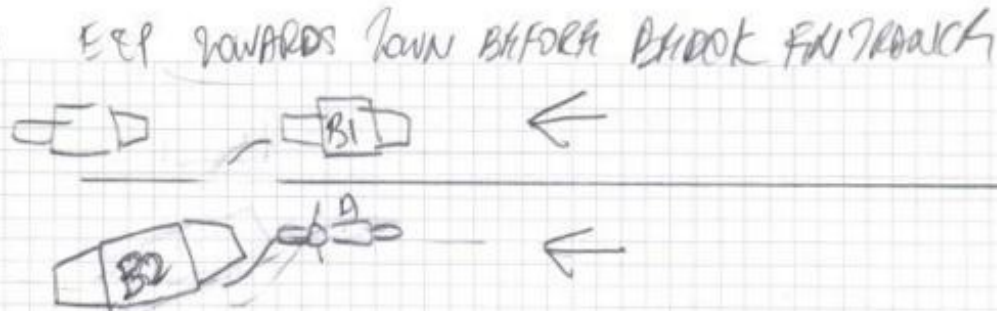

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A) FBK 4208 K

B) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: "PS Report to Police Report 11/20/2020/2030"

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

13/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190805/2030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190805/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 11:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY ENG KEONG			Address: APT BLK 107C EDGEFIELD PLAINS #14-124 SINGAPORE 823107		
ID Type / ID No.: NRIC NO / S7129537J			Contact No.: Home/Office: Mobile: 96710194		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 23/08/1971	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: COURIER SERVICE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2019 09:30	Type of Location:
Location: Along Road 1 EAST COAST EXPRESSWAY TOWARDS TOWN BEFORE BEDOK ENTRANCE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4208K	Motorcycle	HONDA	AFS125MSF	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4208K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18993272	26/08/2018	25/08/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190805/2030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190805/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAY ENG KEONG	ID No.	S7129537J
Related Vehicle	FBK4208K (Motorcycle)	Contact No.	96710194
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/08/2019	Date Discharge	02/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION,
I WAS ON THE CENTER OF 3 LANES WITH ABOUT 1 AND HALF CAR LANE SPACE IN FRONT OF ME WHEN SUDDENLY A CAR FROM THE RIGHT LANE MADE A SUDDEN LANE CHANGE INTO MY LANE. I BRAKED AND SWERVED TO THE RIGHT TO AVOID COLLISION AND SINCE THERE WAS ANOTHER VEHICLE ON THE REAR LEFT LANE, I THROW MY BIKE AND DROPPED TO THE FLOOR. I WAS NOT SURE WHETHER I HAD ANY CONTACT WITH THE SAID VEHICLE. ONE OF THE PASSER BY CALLED FOR THE POLICE BUT SOON AFTER AETOS OFFICER ARRIVED FOLLOWED BY THE AMBULANCE AND THE TRAFFIC POLICE. SOON AFTER THAT THE AMBULANCE CONVEYED ME TO THE HOSPITAL.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190805/2030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190805/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/08/2019 11:40

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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